

**EXHIBIT 1620-5**

**ASSISTED LIVING CENTER/SINGLE OCCUPANCY FORM**

**ASSISTED LIVING CENTER/SINGLE OCCUPANCY**

Member Name: \_\_\_\_\_ AHCCCS ID#: \_\_\_\_\_

Program Contractor: \_\_\_\_\_

I understand that, as an ALTCS member, I can choose to live by myself or have a roommate in an Assisted Living Center.

**MY CHOICE FOR STAYING AT \_\_\_\_\_ IS (CHECK ONE CHOICE BELOW):**  
ASSISTED LIVING CENTER NAME

- ☐ Single Occupancy (one person per room)
- ☐ Shared Occupancy (at least 2 persons per room)
- ☐ Shared Occupancy until Single Occupancy becomes open

I understand that I may change my decision at any time and still remain at this facility.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship to Member

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I hereby CHANGE my choice. My new choice is (check one choice below):

- ☐ Single Occupancy
- ☐ Shared Occupancy
- ☐ Shared Occupancy until Single Occupancy becomes open

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship to Member

cc: ALTCS Case Management File  
Member/Representative  
Assisted Living Center (original)